

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Frank Cuyell Mine. Record No. Bear River  
 Nationality Amer Age 40 Wt 180  
 Ht. 5'8" Complexion fair Color eyes blue Hair Brown Identification Marks also back of right thumb  
 Date employed 1917, 1916. In what capacity employed? Mine Foreman Check No. \_\_\_\_\_  
 State fully experience in coal mines 30 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's? Yes

For whom have you worked during the last year? For Myself mining at Bear River from 1916  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Mining

What languages can you speak? \_\_\_\_\_ Read Eng.  
 Write Eng.

Where were you born? San Marino, Iowa Are you a citizen? Yes

Are you single, married, or a widower? married If married, give full name of wife Lula Cuyell

Her age 30 Is she living with you? Yes If not, give her present address \_\_\_\_\_

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you Thomas (20) Ralph (19) Joseph (16)  
Amy (15) Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? All OK

Name children who are self supporting \_\_\_\_\_

Is your father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
 Who supports him? \_\_\_\_\_

Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
 If so, give her age 63 Name and address Mrs. Lula Cuyell, Bear River, Idaho

Who supports her? Self Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? \_\_\_\_\_

Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

Give names and addresses of your brothers Geo. Cuyell, Grand Junction Colo

Give names and addresses of your sisters None

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support \_\_\_\_\_

How much do you contribute to their support each year \_\_\_\_\_

Date of last contribution \_\_\_\_\_ Amount \_\_\_\_\_

Have you a copy of the State Coal Mining Law? Yes Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes, and do you elect and agree to become subject thereto now? \_\_\_\_\_ Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Give name and address of person to whom you desire notice sent in event of your death \_\_\_\_\_

Dated at Bear River, Colo., Aug 11, 1916

Interpreter \_\_\_\_\_

Witness Henry J. Woods Superintendent or Mine Clerk. Frank Cuyell Signature of Employee or Applicant (Full Name)